

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>	67814	4/27/00
O.I.P.E. CLASSIFIER		21	5/1/00
FORMALITY REVIEW		71423	6-29-00
RESPONSE FORMALITY REVIEW		71423	7-20-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	4/19/00
2	4/19/00
3	4/19/00
4	4/19/00
5	4/19/00
6	4/19/00
7	4/19/00
8	4/19/00
9	4/19/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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